

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Not Who We Are PAC		FEC IDENTIFICATION NUMBER ▼ C C00623082	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blair, David, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 873 Stockton St # 5		Amount 3000.00	
City Jacksonville	State FL	Zip Code 32204-3557	Transaction ID : VSGET9T5VY3
Purpose of Expenditure Video Production (Estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016	
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 49161.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee De Bonis, Danny, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 343 Carl St		Amount 500.00	
City San Francisco	State CA	Zip Code 94117-3702	Transaction ID : VSGET9T5W17
Purpose of Expenditure Video Production (Estimate)	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016	
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought 49161.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hendler, Josh, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DreamitReel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 222 Broadway		Amount 1500.00	
City New York	State NY	Zip Code 10038-2510	Transaction ID : VSGET9T5W09
Purpose of Expenditure Video Production (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 49161.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lindahl, Lars, ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 183 Ashland Pl		Amount 300.00	
City Brooklyn	State NY	Zip Code 11217-1107	Transaction ID : VSGET9T5VT2
Purpose of Expenditure Website Services (Estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 49161.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1800.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Hendler, Josh, ,

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Full Name of Payee Peter O'Leary		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 04 / 2016	
Mailing Address 1270 N Marion St Apt 308		Amount 17596.00	
City Denver	State CO	Zip Code 80218-2246	Transaction ID : VSGT9T5VW8
Purpose of Expenditure Video Production & Travel (Estimate)	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 04 / 2016	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17596.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	22896.00

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